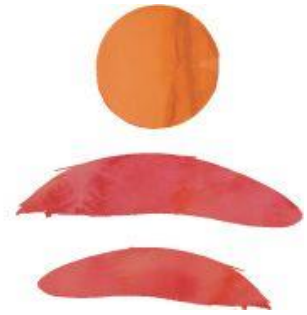# NADP

The Wellbeing of Disability Professionals in the Further and Higher Education Institution Workplace

Report by the National Association of Disability Practitioners

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Title: The Wellbeing of Disability Professionals in the Further and Higher Education Institution Workplace

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The National Association of Disability Practitioners (NADP)

NADP is the professional association for members of staff at colleges and universities working with disabled students. Our 1500 members include academic staff working inclusively with students and those in individual support either within the institution or externally. Membership includes staff from most universities and many colleges in the United Kingdom, as well as several from Europe and across the world.

This report is authored by the members of the Publications, Research and Ethics Standing Committee of NADP

This document/publication is also available on our website at: https://nadp-uk.org/

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1. Summary

Disability professionals provide invaluable support for disabled students and advice and guidance for academic teams. Recent research has highlighted severe concerns about the mental health of students and also academic staff, but scant research interest is available on the mental health of professional services staff in the UK.

This survey was designed as an initial review of the perceptions of disability professionals working in UK institutions in relation to factors which may impact on mental health and wellbeing. It has revealed some pockets of excellent practice with disability professionals reporting a good working atmosphere, supportive teams, excellent work-life balance and effective management at every level.

However, the majority of respondents reported a difficult working environment both physically and emotionally. Their support came from colleagues at the same level, their professional association and immediate line managers. Many were disheartened and felt undervalued.

Respondents used strong and emotive terms to describe their distress. Some suggested that senior managers have struggled to manage the rapid move from a co-operative institutional environment to one that relies on both internal and external competition. Change management is a complex process that requires three-fold management; looking not only at outcomes but also interests and emotions. Research points to a concentration solely on outcomes at the expense of staff interests and emotions. Arguably this situation could be framed as breach of psychological contract.

This report suggests that institutions with staff reporting poor wellbeing need to take action immediately to ensure that support for their staff is re-established and support for disabled students continues successfully.

More research is required to further elucidate the differences between institutions where staff are reporting high levels of positive wellbeing and others where staff report very low levels. NADP is well placed to work across the sector to uncover the critical elements needed to produce a positive model of change.

2. Recommendations

Please see section 9 for full details.

1. Institutions review their process of change management.
2. The Department for Education consider minimum recommendations for addressing the working conditions of disability professionals.
3. The National Association of Disability Practitioners move to phase two of the research aiming to produce a positive model for change across the sector.

3. Background and Study Design

3.1. Overview

Recent studies in the post compulsory education sector have raised concerns about the mental health crisis for students and academic staff. However, the mental health of the professional sector has received little attention. Commentary from the membership of the National Association of Disability Practitioners has suggested that the increasing demand for disability support together with the reduction in the number of staff in disability support teams is resulting in high levels of workplace stress and a high attrition rate from the sector. This article forms an initial phase of a longer study designed to illuminate the situation for disability professionals.

3.2. Background

The Institute for Public Policy Research (2017) published a paper showing the extent of the student mental health crisis in the UK which found that in 2015/16, over 15,000 first-year students in UK universities disclosed that they had a mental health problem, compared to approximately 3,000 in 2006. This increase in disclosure was mirrored by 94% of higher education institutions reporting an increase in demand for their counselling services.

Paul Gorczynski (2018) of the University of Portsmouth claimed that more academics have mental health problems than ever before. He found that 43% of academic staff exhibited symptoms of, at least, a mild mental disorder, nearly twice the prevalence rate in the general population. No comparable research has focussed on professional services staff.

In the disability field there has been a rapid pace of change since David Willetts (2014) announced a 'restructuring' to Disabled Students' Allowances followed by a multitude of further developments. Operating with increasing financial constraints, disability professionals have had to respond to this continually changing situation together with the steep rise in the number of disabled students attending colleges and universities (DfE, 2019).

Evidence from NADP members suggests that the increase in number of disabled students attending university and a rise in complexity of conditions has put a strain on disability professionals who have seen the number of students that they personally oversee, grow tremendously from that recommended in the baseline provision document produced by HEFCE in 1999 where a maximum ratio of 1:200 (disability staff:disabled students) is cited. An NADP survey in February 2020 carried out via email quoted current ratios of up to 1:750.

Effective change management processes have been shown to maintain optimism and motivation in an unpredictable working environment. (Lewis, 2016) but NADP members have reported that their experiences of change management have not been good

Disability professionals have access to group or individual supervision sessions and/or the chance to see an occupational health nurse or therapist in some universities. The Government does not offer any official guidance on what should be available in this respect.

There is some evidence available for innovations to promote wellbeing through physical activity amongst university staff. Gorczynski's 2017 study found that academics who were more physically active and meeting the recommended guidelines of 150 minutes of moderate or vigorous intensity activity every week, were more likely to report higher levels of well-being and lower levels of distress.

Social walking groups, free exercise facilities, and heavily subsidised cycle to work schemes, may benefit everyone on campus. However, simply informing people about physical activity is not likely to be enough to support sustained behaviour change.

3.3. Study Aims
This study was designed as an initial survey aimed to examine disability professionals' experiences of stress in the workplace and measures universities have employed to support them.

3.4. Research Questions
1. How do members experience stress in their daily roles?
2. What is the impact of the services members receive from their institutions?
3. Do members have ideas and initiatives that could be developed into support plans?

3.5. Methods

3.5.1. Survey Methods

Following ethical approval, this initial study started with a confidential survey presented to the NADP Membership at the beginning of March 2020. It was introduced by an email explaining the purpose of the research and inviting members to participate. Participation was completely voluntary. The survey elicited both quantitative and qualitative data which was entered and collated securely online.

See Appendix 1 for Survey Questions

3.5.2. Survey Data Analysis

The qualitative analysis was carried out using an experiential thematic analysis (Braun & Clarke, 2006). This is a method which focuses on the participants' standpoint i.e. how they experience and make sense of the world. Themes and patterns of meaning were identified across the dataset in relation to the research questions.

4. The Nature of Wellbeing

The survey was designed to measure a range of subjective and objective indicators to build up a rounded picture of the experiences of disability professionals and the impact of those experiences.

Objective measures of wellbeing included indicators of workload and facilities provided by the institution.

Subjective wellbeing measures are defined by Deiner & Ryan (2009) as the general evaluation of one's quality of life. These concerned the disability professionals' own assessments of how their work lives are going.

5. Demographics of the Population / Sample

The National Association of Disability Practitioners is the professional association for members of staff at colleges and universities working with disabled students. The 1500 members include academic staff, staff working inclusively with students and those working in individual support either within the institution or externally. Staff from most universities in the United Kingdom are members, as well as several from Europe and across the world. University staff comprise 82% of the membership with other memberships from staff in further education colleges in the UK and in independent or company support roles.

Surveys were completed by 53 members which is a low response rate but not unexpected as the exercise took place during the Covid-19-related move to home working. However, the demographics of respondents did reflect demographics of the overall membership. Respondents self-

reported that 67% were in practitioner roles and a further 29% were in managerial roles with 4% in academic roles (figure 1).

Employer	Number of Members	%age of Membership	%age of Survey respondents
commercial company	23	2	0
charity or not for profit	18	1	0
assessment centre	44	3	4
independent support	32	2	0
support agency	35	2	0
college	105	7	2
university	1192	82	94

Figure 1: Demographics of survey respondents

6. Qualitative Exploration of Disability Professionals' Experience

Illustrative quotations are presented here anonymously. Each respondent was automatically allocated a 4-numeral code and the responses are reported here without changes to spelling or grammar.

6.1. The Physical Aspects of the Workplace

Physical conditions were criticised with lack of space; impractical meeting rooms; and even unsanitary conditions being described.

'Working conditions aren't great- lack of private spaces in which to see students.' (4831)

'Less dead rat rotting smell from underfloor vents.' (4832)

'a redecorate would be great for moral- support services are often left to the last in these projects and the offices look shabby- doesn't show value.' (4829)

'dedicated rooms to teach with windows and natural light. offices that are confidential ie sound proof' (4857)

'Windows that open, less noisy and frantic open plan office.' (4832)

'More fresh air/ good ventilation in the office.' (4831)

'Improving the office environment would help, equipment is often old.' (4829)

Suggestions for improvement of physical health included several pleas for more time and space. Difficult conversations with disabled students occur regularly and room to take time-out, stretch or relax would be welcomed.

Many reported that they had back-to-back appointments with no opportunity to take any time out after difficult interactions.

> 'It is not currently seen as acceptable for us to take 15 minutes out of our working day' (4864)

Some respondents did have the opportunity to take some exercise by cycling or running to and from work or at lunchtime. However, they reported obstacles including reduced lunch breaks so they were unable to attend classes.

> 'don't have any showers - tbh, the toilets barely work so a shower is beyond asking' (4862)

> 'Supply changing room and showers for those who cycle/run' (4854)

> 'more than 30 mins for lunch' (4843)

Several respondents said that they would really like healthy options for food.

> 'healthier eating options - generally they promote healthy eating but the food they serve isn't actually healthy.' (4858)

> 'providing healthier food in the university canteen (where currently chips are served every day, and there is sometimes no other hot carbohydrate option available).' (4856)

> 'Healthier eating options with home cooked dinners rather than quick snacks.' (4836)

Other solutions were arguably more radical but still aimed to support a feeling that staff were valued, supported and important to the institution.

> ''walking meetings' especially if you're having a one-to-one with your manager.' (4852)

6.2. Atmosphere in the Workplace

A majority of the respondents described their workplace atmosphere as stressful and anxiety-provoking. Some referred to a lack of staff consultation with one explaining that their team had no staff meetings at all. The same person described poor management skills and concern about intimidation of their colleagues.

> 'there's very much a top down approach to decision-making where the views of those doing the job aren't always sought out or taken into account.' (4831)

More than one respondent went as far as to describe a 'toxic' atmosphere in the workplace with homophobia or derogative comments about staff

and student disability with no support from line managers to address these issues.

However, most of the replies describe a positive situation where the disability team is very supportive of each other and many have a supportive line manager. The majority of replies describe feeling a lack of support from senior managers with indications that line managers are protecting staff from senior management.

> 'Good amongst colleagues but a feeling of disconnect with senior managers.' (4880)

> 'there is a definite divide between management and rest of staff.' (4864)

> 'I am concerned about the pressure she [line manager] may be under.' (4861)

> 'If the 'main' boss is in, then the atmosphere is tense…' (4859)

> 'very compassion 'light' i get the impression that they think we're all skivving [*sic*].' (4848)

> 'Stressed- although the teams are very strong and work well together, there is a lot of pressure.' (4846)

> 'There is often a feeling of lack of recognition from senior leadership for the work we do.' (4836)

Responses vary with a small minority portraying a fully supportive senior management and two people describing a lack of support from their line manager with greater support from senior management.

> 'she doesn't like 'problems', only solutions which can make it hard to share any information to which one doesn't have a solution.' (4857)

6.3. Workload
Comments on the high workload highlighted the effect, not only on staff, but also on the students.

> '…working very long hours in order to try to avoid failing students and are scared they will be accused of incompetence. Even with long hours the service offered is dreadful - students are waiting a long time for support plans to be in place.' (4869)

83% of respondents reported working more hours than they were paid for on a regular basis with others explaining that the extra hours they worked increased in busy periods and varied between just one or two per week up to 25 hours a week for one manager.

> 'I regularly take work home because there is barely enough time in the day to do the bread and butter tasks.' (4853)

> 'I think I have to do at least 7-10 extra hours per week and up to 15 hours excess at peak times. It is expected or I cannot get my job done.' (4868)

> 'between September and December approximately 5-9 hours extra per week; possible 3-6 hours per week extra January – May' (4866)

> 'Catching up on e mails in preparation for the following day. 2hrs/day =10hrs. Reading documents in preparation for the forthcoming meetings.4 hrs/week =4hrs. Supporting other staff who have had wellbeing issues.1 hr/day=5hrs. Keeping abreast of sector developments 3hrs/week=3hrs. Planning =3 hrs/week. Total =25 hrs week in addition to core hours of 35 hrs/ week.' (4879)

Many describe fighting to get a good work-life balance but feeling they are falling behind.

> 'I try to carefully manage my work life balance but end up working late and at weekends to try to stay on top of the most urgent priorities' (4869)

> 'I think I have to do at least 7-10 extra hours per week and up to 15 hours excess at peak times. It is expected or I cannot get my job done.' (4868)

Even those who manage to resist working extra hours report that additional stress and constant work affect their energy levels.

> 'my work-life balance is impacted more on the impact working has to my energy levels and the need to rest when not at work.' (4836)

The heavy workload appears to be resulting in high levels of sickness absence placing added pressure on colleagues leading to resentment.

> 'the workload always falls on the colleagues who are not off sick so it seems that they always do double the work for the same salary' (4834)

Managers reported a high level of stress from complaints.

> 'Abusive and vexacious [*sic*] calls and complaints have become daily expectations for Managers in Disability Services to respond to and this culture must change' (4879)

6.4. Financial Insecurity in the Sector

The majority of accounts are very understanding of the financial insecurity of the institution and the effects this has on the disability teams who are operating under-strength with increasing workloads.

> 'My immediate Manager… is limited with actions due to budgetary restrictions.' (4879)

However, a large percentage of the respondents called for extra staff and technology resources to support their work.

> 'Hire a full complement of staff at appropriate pay grades' (4856)

> 'Admin support, reception support and proper confidential system for storing information.' (4854)

> 'Employing more people!' (4845)

> 'Have a smaller caseload' (4862)

> 'By investing in a comprehensive CRM system instead of the partial one we currently have' (4869)

> 'invest in efficiency through up-to-date technological systems for databases and communications' (4878)

Taking time out of a very busy workload to step back and look at the bigger picture appears to be virtually impossible for the majority. The survey asked about support when large scale changes are occurring across the sector and found that little was available from institutions. Managers were under pressure to produce reports on the effects on the institutions, but felt that these were then ignored. Although knowledge from their professional association assisted in the preparation of these reports, some found that membership of professional associations being questioned and reduced.

> 'It is particularly difficult now to get training because of cost cutting exercises across the board.' (4874)

> 'Asked for loads of overlapping reports on situation and then ignored recommendations. Reduced NADP membership so needs extra time to convey all info to staff' (4854)

> 'there is a very small budget for training. i encourage the team to look for free stuff. attendance at conferences is not funded. I often attend events at my own expense. i am allowed time out but I pay for the event and my travel.' (4848)

6.5. Impact on Staff

Several respondents report feelings that they are 'at fault' if they cannot cope with the extra work and lack of resources. There is resentment expressed at 'resilience training' which they believe to indicate the member of staff is failing.

> 'continue to be asked to complete additional tasks on top of this, creating further pressure.' (4858)

> 'colleagues feeling overwhelmed with the complexity of disabilities [*sic*] students present nowadays and especially [*sic*] the rising number of students with MH conditions.' (4834)

> 'budget cuts and the increased need for mental health services mean we are under staffed/resourced.' (4830)

Some respondents report worries about the future of their roles with terminology ranging from 'anxious' or 'tense' to 'scared'. Concerns appear to reflect departmental mergers and restructures with little notice or information to staff and no change-management facilities being put in place to assuage fears of forced job losses. Some felt insecure about their position with more than one round of voluntary severance with strict surveillance of activities putting added pressure on staff.

> 'people are afraid for their jobs' (4869)

6.6. Institutional Solutions

Less than 30% of respondents thought that staff wellbeing was promoted throughout their institution although another 20% thought that there was some commitment to staff wellbeing on a partial or occasional basis depending on workload. A few mentioned good support from their line manager but not senior management.

> [Management understanding] 'Only on a superficial level to be honest.' (4863)

> 'just some support and understanding from management would go along way.' (4883)

> 'It is soul destroying as a manager to worry about the wellbeing of staff when you have no power to change the situation.' (4869)

6.6.1. Whole Institution Response

Another 30% of respondents thought that 'lipservice' was paid to staff wellbeing with resentment expressed that institutions had won awards for supporting staff but staff were not seeing the effects in practice.

> 'They SAY that they do, and the University has various 'awards' (e.g. Time to Change pledge etc). but this is not put into practice.' (4872)

Respondents reported that many institutions were introducing new policies with regard to mental health and wellbeing with training opportunities but, again, these are not translating to practice on the ground.

> 'They pay lipservice to staff wellbeing but they do not fully appreciate the emotional toll of what we do…' (4867)

> 'it's very generic like 'try this app, or that app' (4860)

> 'Our wellbeing is an 0800 number, which I didn't find very useful.' (4859)

Respondents discussed frustrations about senior management not recognising why staff members' strategies for managing personal wellbeing were failing. Many believed this was due to a reduction in staffing levels and increased workload and its impact on staff mental health rather than staff inabilities to cope with stress.

> 'I would like to see more effort done to reduce workloads - email holidays, proper discussions on triaging enquiries etc.' (4863)

Resentment was also expressed that the assumption was made that it was a personal responsibility to manage wellbeing better with especial criticism for 'resilience' sessions.

> 'Mindfulness, meditation and stress reduction are always helpful but that puts the responsibility back on the individual to manage themselves which is only part of the equation.' (4831)

> 'I don't like to think that all my life outside of work is about balancing of the effects of work.' (4829)

Resources were both directly and indirectly mentioned with several respondents stating that they would not voice their ideas for improvement as they realise that they cannot be funded due to the financial restrictions the institution is facing.

Many of those that do mention institutional resources that would assist them express a desire for face to face sessions – rather than recommendations for meditation apps which they considered employers to be using as a 'cheap alternative'. There appeared to be a belief that institutions were changing policies and putting in measures to provide a panacea, but it would not address the underlying issues.

'Dealing with staff shortages would help reduce pressure -as this is too expensive we get 12 group therapy sessions a year instead.' (4830)

'I can ask for help but's what is needed is more resource or a lesser expectation of the service- neither solution is an option.' (4829)

The contrast between emotional support for students and the lack of it for staff appears to enhance feelings of being undervalued.

'Supportive of students. Strained and stretched for staff.' (4878)

'The university I work for only focuses on the wellbeing for their students - which is great, however there is barely anything for staff apart from the odd day off here and there. It would be great if we were shown appreciation for how hard we all work to support students.' (4859)

'I feel when the institution promises things to students, the service doesn't have capacity to deliver on.' (4829)

Several mentioned the difficulty attending sessions that the institution did provide due to family commitments or their busy work schedules. This has resulted in low attendances; giving the management the excuse that they were not required.

'wouldn't have time to attend them!' (4875)

'There are sometimes lunchtime yoga sessions but it is difficult to attend these if you have back to back appointments' (4831)

'Meditation sessions would be nice but they need to be at accessible times.' (4870)

'Most of my team including me don't live close to work. Meaning no-one is doing to pay for extra gym classes [*sic*] somewhere else on top of their membership nearer to home.' (4829)

'it must be taken into account that employees need to be given the time off by managers and not expected to just add it to their normal day.' (4852)

'in the morning would be better rather than 5pm-6pm as I need to be home after 5pm due to family commitments' (4834)

6.6.2. Direct Support for Staff

Only 23% of respondents felt confident about accessing direct support from their institution with 17% stating that they definitely could not do so. Others relied on colleagues at work, their professional association or family and friends.

The reluctance to access help on offer appears to come from the idea that disability professionals should already have strategies and they would be revealing a professional weakness should they need external assistance.

> 'it can be viewed as a weakness even though support would be forthcoming it would be a referral to Occ Health (internal) who cant offer much.' (4879)

> 'I feel the role we do suggests we should be able to manage our stress/mental health' (4871)

> 'only to a point without feeling it could impact on retention of job' (4866)

Some institutions supplied assistance by self-referral and this anonymous approach was appreciated.

> 'We have a counselling service you can self refer into and I have done that previously. I wouldn't have done this if I'd had to go through my manager and have a conversation about this.' (4853)

6.7. When it Works Well

Only four accounts gave universal praise for their institutions, although others praised certain aspects of their workplace.

> 'I feel we've got a lot of support available: staff wellbeing sessions, opportunities to discuss our work and feelings, meditation and yoga sessions for people that want them. Workloads are manageable, employment conditions are flexible and allow for a good work/life balance.' (4876)

> 'they appreciate that interactions with students can be challenging so encourage staff to have debriefs with colleagues or go for a walk/cup of tea after a difficult appointment, they also arrange regular supervisor for us.' (4871)

> 'It's a no blame culture. People help each other if things are difficult.' (4865)

> 'provision of outside wellbeing support as well as access to internal support.' (4850)

> 'Accepting, non-judgemental, trusting, respectful, kind, encourages initiative, supports development and brings out the best in people.' (4847)

> 'we're very lucky to have such a great team and supportive line management.' (4829)

6.8. Members' Suggestions

The majority of respondents mentioned staff shortages and felt that current workloads were unsustainable. However, they were not confident that financial constraints would allow for suitably qualified staff to be employed.

Members felt that the lack of physical space and poor maintenance reflected the lack of value placed on support professionals and would like to see these issues addressed.

Although policy changes and classes were welcomed, there were criticisms of the awards institutions have won for staff support when they were just paying 'lip service' to wellbeing and not addressing the underlying issues.

Several requests involved the teaching of people-management skills to managers.

> 'Academics are promoted to senior management positions without any ability or training to handle staff. Some are promoted because they are useless with teaching students so they wont [*sic*] make good managers!' (4828)

A high percentage of respondents were very keen that their institutions organised clinical supervision for disability professionals on a monthly basis so that they had qualified external support to address any issues.

> 'Been fighting for supervision for advisers for over 6 months - each have professional registrations and deal with sensitive cases and no supervision in place or urgency to put this in place.' (4858)

> 'my only "supervision" for high-risk cases is with my line manager, with whom my relationship has broken down' (4856)

> 'if I talk about the emotional impact of a case upon myself, she [line manager] interprets this either as a threatening blow to her own confidence as a manager, or as a sign of my lack of competence.' (4856)

> 'We've asked for some kind of support (similar to supervision for counsellors) but managers just don't understand the complexity of the cases we deal with on a day to day basis and how this can affect your mental health, and they don't think we need it' (4872)

> 'staff in our roles should have 1 to 1 Clinical supervision once a month.' (4869)

6.9. Additional Support for Disabled Staff

70% of respondents who answered the question on disability support gave a positive response to their institution's support measures.

'I can't fault my university for supporting me with my disability to enable me to do my job.' (4829)

'There has been no lack of support' (4833)

'have never worked anywhere which meets my needs so well.' (4865)

Institutions were occasionally praised for occupational health support, although a long wait was mentioned by two respondents.

'Six month wait for ergonomic assessment' (4854)

Many respondents reported purchase or ergonomic equipment such as a standing desks and suitable computer equipment, although more extensive changes were also reported.

'They've changed the lighting system for me' (4862)

'An understanding that fatigue/use of pain killers can lead to brain fog. No pressure to come in when it's snowing & there is a risk of falling or getting stuck' (4865)

However, some people reported that they had to insist on reasonable adjustments.

'It was given this arrangement [*sic*] grudgingly and only when i pointed out that it was something I was entitled to as a disabled person' (4848)

Another person reported that the institution was not supportive when they applied for Access to Work funding and this caused them problems.

'Did not reply to AtW emails and so my case was closed' (4854)

Other respondents reported a lack of understanding and reasonable adjustments when diagnosed; whilst they were undergoing assessment or when they returned from a period of absence.

'having been off work for a prolonged period due to a mental health condition, coming back to work on the first day to find that I had a full diary of students from 9.30am! It took a LOT of strength not to walk straight out' (4872)

'Lack of understanding about the impact of impairment on workplace' (4877)

6.10. Impact of Covid-19 on the Survey

The survey was conducted over the start of Covid-19 lockdown and several accounts reflect a surprise at a change in attitude of senior management with greater thought and consideration for mental health during the pandemic.

> '…there was a toxic atmosphere… the virus pandemic which has focused senior management minds on the need to work constructively and more respectively with staff.' (4869)

> 'moral and motivation has been significantly low for our team for a while and working from home has given us a bit of a much-needed break from a negative atmosphere.' (4845)

Covid also appears to have focused line management on how to ensure their teams are coping in such difficult circumstances.

> 'I feel like this has become more of a focus since we have all started working from home.' (4844)

> 'There has been more focus on group conversations and we are having weekly 1:1s which weren't a feature before working from home.' (4844)

However, there has been a toll on the mental health of those supporting their teams remotely.

> 'i am supporting a team of twelve during these challenging times but no-one is supporting me.' (4848)

As we did not anticipate the pandemic, no specific questions were asked regarding working conditions during Covid-19. The information here was collected from answers that mentioned the pandemic and cannot be considered to be a complete view of staff wellbeing at this time. We know many NADP members have struggled to balance home and working life, especially whilst sharing technology with partners and children.

7. Discussion

7.1. Revisiting the Research Questions

7.1.1. Q1: How do members experience stress in their daily roles?

Physical conditions were criticised with lack of space; impractical meeting rooms; and even unsanitary conditions being described. Some discussed struggling with open-plan offices which made concentration difficult and raised concerns over confidentiality when they were working on student reports. They recognised that improved physical conditions would make them feel more valued at work as well as their comfort and overall wellbeing.

Diet and exercise were also mentioned with requests for healthy food options, time for lunch and shower facilities for staff who would like to exercise on their way to work or at lunchtime.

Respondents felt under great pressure from a very high workload but believed that the institution would not consider employing more staff even though they were desperate for more time. Time to take a break between meeting with students; time for training; and time to take a step back and view problems holistically. Over 80% of respondents reported working extra hours with the maximum being one manager who itemised an extra 25 hours a week. However, other respondents were also reporting high numbers of extra hours just to cope with their basic duties and administration. Even those who resisted extra hours were reporting that their home life was suffering as they had to work so hard during the day that they needed recovery time in the evening.

There was an acknowledgement that the financial situation was challenging for institutions and some respondents were reluctant to suggest ideas as they felt that the organisation could not afford to institute new procedures. They also expressed concerns about their own job security and reported that they felt 'at fault' if they could not cope with their very high workloads. Departmental changes and mergers were happening regularly and adding to the stress and anxiety as no change management procedures were introduced.

7.1.2. Q2: What is the impact of the services which members receive from their institutions?

The accounts that praised their institutions described good conditions, manageable workloads and support for both emotional and physical health. They reported the ability to work flexible hours and facilities to take a break during the day to debrief with a cup of tea after difficult appointments.

Respondents were generally appreciative of facilities for both physical activities and emotional support sessions although several thought that senior management was expecting staff to manage their own wellbeing and not recognising the effect of unsustainable workload. The timing of wellbeing sessions was also mentioned. Most were at lunchtime, when staff could not spare the time to attend, or after work, when they needed to get home for caring responsibilities. One person reported that sessions had been stopped due to lack of interest when they had been programmed into slots that staff could not attend.

Some respondents reported excellent facilities for students which, when compared to poorer employee facilities, led to a feeling of staff being undervalued.

Direct support services such as advice sessions, mentoring or counselling were valued by a minority of respondents but only 23% felt confident about accessing them. Others reported feeling that they should be able to deal with their own concerns as disability professionals or not wanting to be viewed as 'weak'.

A high percentage of disabled staff reported receiving very good assistance from their institution although some had an extended wait for occupational health appointments. There were individual reports of very bad practice and lack of support.

7.1.3. Q3: Do members have ideas or initiatives that could be developed into support plans?

Nearly all respondents highlighted the huge workload and the pressure to complete it with reduced teams and high levels of sickness absence. With some resentment, they recognised this was the main cause of stress and anxiety. Some felt that institutions were not addressing the issue of staff shortages and poor working conditions but were implying that employees needed to 'sort out' their own wellness issues.

Many reported that institutions were relying on cheap 'fixes' such the introduction of mental health apps and meditation sessions rather than addressing the underlaying issues of staff shortages and undervaluing of staff involved in student support.

Respondents were generally appreciative of the introduction of both physical and emotional support such as boxercise, yoga, meditation and mindfulness sessions; provided they were allowed time to attend them or they were organised at appropriate times.

Maintenance and restructure of the physical environment were viewed as important ways to demonstrate that staff are appreciated and valued.

Teaching people-management skills to middle and senior management staff would also be viewed positively.

The main initiative that respondents would like to see is clinical supervision for all disability professionals on an individual basis with officially qualified clinical supervisors, not line managers.

7.2. <u>Strengths and Weaknesses of the Study</u>

Research was initiated in early March 2020 with the survey closed at the end of April 2020. This period was chosen as a time that normally reflects a lessened workload to enable greater participation. However, at the end of March 2020, the UK instigated lockdown in response to the Covid-19 pandemic and members were moved to working from home with the added pressures of a new environment; working alongside partners and children; limited resources; supporting distressed students virtually; and many managers aiding with institutional emergency response teams.

The result was a lower participation than expected and, although questions were focused on the general workplace, they elucidated certain comments on working in lockdown.

Transitioning to working from home does not appear to have detracted from the aims of this initial study and it has also added some interesting information to the study.

It is notable that some respondents are commenting on more understanding and support during this period of working from home as information and guidance has been supplied to many line managers to enhance support for staff.

8. Implications for Disability Professionals, Institutions and Disabled Students

Information from the NADP JISCMail email support network and from personal communication had raised concerns about mental health and wellbeing for disability professionals across the whole of the UK. This survey was designed as an initial phase of a longer study designed to illuminate the situation.

Additional concerns have been highlighted with this initial study with many respondents using strong and emotive language to describe their feelings including such terms as 'toxic environment', 'fear' and 'scared'.

The widespread experiences reported by disability professionals and their poor mental wellbeing are also reflected by the Health and Safety Executive in their recent report on general workplace conditions (HSE, 2019).

- In 2018/19 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 54% of all working days lost due to ill health.
- Professional occupations such as healthcare workers; teaching professionals and public service professionals show higher levels of stress as compared to all jobs.

Mental health issues, such as those described by NADP members, 'have a significant impact on employee well-being and are a major cause of long-term absence from work' (CIPD, 2020) so the findings in this report should be raising concerns with senior university staff across the UK.

Another concern is that many respondents reported that they felt generally 'undervalued' by their senior managers with others stating that students were valued more highly. This indication that disability professionals feel undervalued is very concerning for both the individuals concerned and their institutions.

> 'Employees who say they feel respected are more satisfied with their jobs and more grateful for—and loyal to—their companies. They are more resilient, cooperate more with others, perform better and more creatively, and are more likely to take direction from their leaders. Conversely, a lack of respect can inflict real damage.' (Rogers, 2018)

In addition, Zeer *et al.* (2019) suggested that committed employees, who have a strong organisational commitment and belief in the institution's goals and values, are willing to exert considerable effort in working to achieve these goals.

Employees and employers sign an employment contract when the employee starts work. However, a great deal of research has also examined the psychological contract. This concept includes informal arrangements, mutual beliefs, common ground and perceptions between the two parties and was originally developed by Denise Rousseau (1995).

Kiazad *et al.* (2018) have shown that the perception of a fulfilled psychological contract with their employer will motivate employees to willingly undertake additional tasks. They report that this is further advanced when the employee has a strong relationship with their colleagues and also when they have a good fit with their job role.

The job role is important for disability practitioners with many reporting that they enter the profession for job satisfaction. They want to use their knowledge and skills to help students to achieve their potential. Thus, arguably, the role can be described as falling under the umbrella of 'caring' professions. The definition of 'caring' was originally developed by feminist scholars and activists to describe a responsibility and a set of activities. For this report we consider the definition of a caring profession to be applicable as it follows Standing's (2001) definition of 'meeting the material and/or developmental, emotional and spiritual needs of one or more other persons with whom one is in a direct personal relationship'.

Disability Professionals are reporting low levels of job satisfaction and many comments indicate that they believe that they are being prevented from meeting their job role as a caring professional. Tensions are reflected in the survey with reports of the high workload resulting in long waiting lists and back-to-back student appointments without adequate breaks and insufficient liaison and report-writing time. The process of instigating reasonable adjustments is ongoing and requires time for consultation with students and academic staff.

A minority of respondents reported a good working atmosphere with excellent work-life balance, supportive teams and effective management at every level. The survey clearly illustrates that respondents appreciate the supportive atmosphere within their teams and derive a great deal of their wellbeing from the team. Relationships with senior management were, however, less conducive for many respondents.

Deneulin and McGregor (2010: 503) note that individual wellbeing is always dependent on relations with others and cannot be partitioned. This is reflected in the survey results concerning colleagues and management. However, relationships are also formed with the students that disability professionals support. If they are struggling with their own mental wellbeing they will, in consequence, also struggle to support disabled students.

Anecdotal evidence from NADP members had suggested that they were struggling with ongoing change. A question was included in the survey about change management. A small minority of respondents reported support from senior management to assist with change processes but the majority reported little support. However, both universities in general and disability support in particular have been experiencing an ongoing process of change.

Terziev and Bogdanova (2019) suggest that, in recent years, Higher Education Institutions have evolved from being centres for the development of science, culture and freedom of speech into indicators for economic growth and national and local development. They use the term 'academic capitalism' for this process and argue that all institutional activities are geared towards profit-making; with departments and even individual lecturers competing with each other for access to resources. Institutions are free to produce education and research, but only if they are close to the market. In such an environment, students become customers and institutions turn into suppliers.

The move to academic capitalism, and away from co-operative approaches has been a continuous and dynamic process.

In order to sustain change, and achieve continued, long-term success, Cameron & Green (2009) suggest that senior managers must pay attention to all three of the dimensions of change:

- outcomes: developing and delivering clear outcomes;
- interests: mobilising influence, authority and power;
- emotions: enabling people and culture to adapt.

Those respondents reporting high positive levels of wellbeing described being consulted over change; felt management listened to their views, to some extent; and felt that they were encouraged to attend training events and develop their knowledge.

Cameron & Green (2009) report that that managers are generally encouraged to concentrate on outcomes without accounting for emotions. The respondents reporting negative wellbeing believed that they had no influence; their knowledge and skills were not valued; and their opinions were not considered.

Many disability professionals reported negative wellbeing resulting from distress at lack of consultation, workload and working conditions. Their distress may reflect breaches of psychological contracting. Solinger *et al.* (2016) suggest that such breaches can be redeemable but that the process is complex.

More research is required to further elucidate the differences between institutions where staff are reporting high levels of positive wellbeing and others where staff report very low levels and also to examine what measures can be taken to address the current low levels of mental wellbeing in disability professionals across the sector. NADP is ideally placed to work with institutions to produce a positive model of change across the sector.

9. Recommendations in detail

1. **Institutions review their process of change management.**

   Change is an inevitable part of ensuring that any business is viable. Educational institutions must be prepared to move with the times and adjust their operations in response to increased competition, technological advances, student expectations and other pressures. Disability professionals generally appear to understand and accept this. However, this change should be the result of a structured and planned process to make the institution more efficient and profitable.

Universities have spent a lot of time looking at the <u>outcome</u> and developing detailed plans, but they do not appear to have taken the steps to ensure the changes are smoothly implemented. A major part of the process is making sure the change is adopted by the people who are affected by it. Without proper buy-in, there is a risk that employees will reject or even sabotage the change project, resulting in wasted time and money.

Mobilising people's interests and enthusiasm and working to manage the emotional impact of change can help to reduce fear and anxiety and ensure the new goals are embraced.

2. **The Department for Education consider recommendations for addressing the working conditions of disability professionals.**

This initial research has revealed deep concerns over the working conditions at some institutions with reports of overworked staff who are feeling undervalued. Some of the working conditions are very worrying with lack of privacy for student concerns and unsanitary environments.

It would be possible to move quickly on addressing some of these issues and improving staff wellbeing if recommendations were produced for minimum working standards.

These should include:
   a. Working environment (privacy, security, cleanliness of environment)
   b. Ratio of disabled students to staff
   c. Professional accreditation and CPD recommendations

3. **The National Association of Disability Practitioners move to phase two of the research, examining in detail the situation of disability professionals.**

The survey produced examples of good practice from several universities with disability professionals reporting high levels of wellbeing and job satisfaction. This contrasted to staff from many other universities who reported poor working conditions and wellbeing. Phase two of the research would work to elucidate the reasons for these contrasts with the aim of producing an accurate picture of current conditions in the sector and generating a positive

model for change.

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11.   Appendix 1: Disability Practitioners Wellbeing Survey

The NADP Mission is to promote excellence in quality, sustainability and inclusivity of post-compulsory provision for disabled students and staff in higher and further education. We have been working hard to produce conferences and training events to encourage quality and inclusivity but we are also dedicated to ensuring workplace wellness is a priority, and want to get your thoughts on how colleges and universities are doing so far and how we can assist them to improve. Below is a confidential survey about your wellbeing at work. Results from this survey will be collated and anonymised. We will follow up this survey with a focus group at our Annual Conference in June 2020 and publish results anonymously in, for example, the Journal of Inclusive Practice in Further and Higher Education.

Please ignore this survey if you are not happy for your contribution to be included. There is no obligation to respond.

1) On a scale of 1 to 10 (10 being the most positive), how would you rate your overall well-being levels when you're at work?

2) On a scale of 1 to 10 (10 being the highest), how would you rate your stress levels at work?

3) Do you feel your employer and/or manager currently helps with staff wellbeing? Please give examples.

4) Would you be interested in having access to more wellbeing resources at work? (such as meditation sessions, mindfulness classes, stress reduction workshops, etc.). If yes, what type of resources do you feel would /may help you?

5) If you are a disabled member of staff, to what extent (on a scale of 1 to 10 with10 being the most positive impact) do you feel that your employer addresses your disability-related work requirements? What examples of practice do you have?

6) Do you feel like you can talk to someone or ask for help with mental or physical health issues at work? If so, who would this be (a professional, friend)?

7) How would you describe the overall atmosphere in your workplace?

8) How would you describe your work-life balance (10 being great and 0 being terrible)?

9) How many hours outside the office do you devote to work projects? This includes coming into work early, staying late or working at the weekends. Can you give examples?

10) How could your employer help improve your work-life balance?

11) On a scale of 1 to 10 (10 being the most positive), how would you rate your physical health?

12) On a scale of 1 to 10 (10 being the most positive), how would you rate your mental health?

13) How could your employer help you improve your physical health? (For example, convenient fitness classes at work, healthier eating options at work, more information about healthy living, changing structure of the workplace etc.)

14) The disability support field has experienced many changes in the last few years. Has your college or university provided any support on change management? Please add details of any training events or resources that you found useful or would like to see in your workplace.

15) Is there anything that NADP, as your professional organisation, might usefully do to support the wellbeing of the membership?